

Form CPF M 102: Campaign Finance Report Municipal Form

mmonwealth	Office of Campaign and Political Finance	CITY OF CAMBRIDGE LLECTION COMMISSION
Massachusetts e with:	11 is Compared a compared a compared to the co	2811 JAN 20 - A 10: 27
y or Town Clerk or Election Commission Please pr	rint or type all information, except signatures.	208: 0.111
Fill in dates: Reporting Period Beginning O	Date Year Month C 2-010 Ending 12	Date Year 3 2010
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day	preceding election ☐30 day after election [☐year-end report ☐dissolution
		ELECT ALICE TURKEL
Full Name of Candidate (if applicab	le) Committe NATACIE E. BEAL	i
Office Sought and District	Name of Commi 12 UPTON ST, C	ittee Treasurer AMBRIDGE MA 02139
Residential Address	Committee Ma 617 · 335 · 2122	
Tel. N	No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 Line 4: Total expendition 5: Ending balan Line 6: Total in-kind of	itures this period (page 3, line 14) ace (line 3 minus line 4) contributions this period (page 4) standing liabilities (page 4)	5 0.00 5 3,761.93 6 161.40 6 3,600.53 6 00 6 4,000.00
campaign finance activity, including all contributions,	cached schedules and it is, to the best of my knowledge ar loans, receipts, expenditures, disbursements, in-kind contri rsons acting under the authority or on behalf of this come d under the penalties of perjury:	iditions and haddities for this reporting perior
FOR CANDIDA	TE FILINGS ONLY: (CANDIDATE MUST SIGN	BELOW)
campaign finance activity, of all persons acting under have not received any contributions, incurred any liabi Candidate without Committee OR Candidate without Candidate without Candidate or C	ttached schedules and it is, to the best of my knowledge ar er the authority or on behalf of this committee in accorda ilities nor made any expenditures on my behalf during this r	reporting period. nd belief, a true and complete statement of a butions and liabilities for this reporting perio

Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

umber on e Date Received	Name and Residential Address	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
				,
		·		
		·	-	
				•
-				·
	Total receipts in excess of \$50 (or listed above)	·		
	Total receipts \$50 and under* (not listed above)	<u> </u>		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	0	$ \infty $	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

12/15/10	TURKEL, ALICE	12 UPTON ST CAMBRIDGE, MA 0439	ADVERTISING \$ PROMOTION FEES \$10-14	15-0	
			12011017 1203 -11- 171	o 159	40
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	·			Maria da esta de la compansión de la compa	
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				•	
		·			
			Expenditures over \$50	159	40
	Enter on page 1, line 4	·	Expenditures \$50 and under* FOTAL EXPENDITURES	161	00 40

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
	·		·
		Line 15: In-kind over \$50	
	Enter on page 1, line 6	Line 16: In-kind \$50 and under Line 17: Total In-kind	0.00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose .	Amount
7/9/2009	ALICE TURKEL	12 UPTON ST CAMBRIDGE MA-02139	CAMPAIGN LOAN	4,000 00
•				
-			,	
1			·	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	4,000.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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